



Things to Remember about Creating an Invoice on the TCM System

\$ Only an LGA Administrator can create an invoice

\$ The TCM System will not create an invoice until there is an approved Cost Report and Encounter Rate

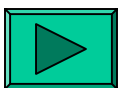
\$ The TCM System will create invoices by quarter, month, or day(s). If there are claimable encounters for multiple quarters, multiple programs, or multiple reimbursement rates, multiple invoices will be created

\$ A Valid Reason Code must be selected for Duplicate encounters before the TCM System will include those encounters in an invoice

\$ The LGA Administrator is responsible for ensuring that the encounters attached to an invoice are appropriate

\$ Invoices must be printed on LGA letterhead, have the original signature of the TCM Coordinator or authorized designee(s) mailed to:

**Administrative Claiming Policy and Systems Unit
Medi-Cal Benefits Branch
Department of Health Services
714 P Street, Room 1640
Sacramento, CA 95814**



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Targeted Case Management

Frequently Asked Questions

- LGA Administrator
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Create Invoice

Program Type:*

Claimable Timeframe:*

- Up to Current Date
- Up to Start of this Month
- Up to Start of this Quarter

Create Reset

Start here

Option #1

Choose the Program Type

The system automatically includes all "claimable" encounters up to the time selected

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Create Invoice

Program Type:*

Claimable Timeframe:*

- OR -

From: To:

Create Reset

Option #2

Choose the Program Type

Or, select encounters for a specific date or range of dates

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Invoice Creation Results

Program Type: 10-LINKAGES Number Marked "Expired": 0
 Timeframe: 02/01/2002 to 02/05/2002 Create Date: 3/12/02

Invoice Results: 1

Qtr	FY	Invoice #	Invoice Message	Pgm	# Claims	# Exceeds	Rem. Cap
3	2001/2002	4901/02-3H	INVOICE CREATED. View	10	7	0	\$165,338.40

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You must view the detailed invoice before it can be printed

Review this page carefully to ensure the results are correct.

Done Internet

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LGA: 49 Schedule #:

Status: CREA Original Invoice Amount: 292.26

Create Date -- User ID: 03/12/2002 - USER ID Adjusted Invoice Amount:

Received Date (MM/DD/YYYY): Total Invoice Amount: 2

Approve/Deny Date: FM Reimbursement F

Deny Reason: Claim Schedule D

Paid Date: Rates: 09 Rate: 760.34

Last Update User ID: USER ID Last Updated: 15.13.39.88

1 Claims

Hold Program	Case Manager	DOS	Client ID	Duplicate ?	Deny Reason	Encounter ID	Last Update
09	GW	07/01/2001	463785000	N		7725090	2002-03-1 15.13.39.88

Save Submit Cancel

3:17 PM

DHS will enter a schedule number when an invoice is sent to the State Controller for payment

Encounter rate & Program type

If DHS adjusts or offsets the invoice, the invoice amount is recomputed

All encounters attached to the invoice can be viewed

Saves for later submittal

Saves & prepares invoice for printing

Cancels the invoice



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Targeted Case Management

Encounter rate & Program type

LGA: 49
Status: CREA
Create Date -- User ID: 03/12/2002 - USER ID
Received Date (MM/DD/CCYY):
Approve/Deny Date:
Deny Reason:
Paid Date:
Rates: 09 Rate: 760.34
Last Update User ID: USER ID

Schedule #:
Original Invoice Amount: 292.26
Adjusted Invoice Amount:
Total Invoice Amount: 292.26
FMAP: 51.25
Reimbursement Rate: 75%
Claim Schedule Pay

The system will compute the reimbursement amount

The Reimbursement Rate will show as 100%, 75% or 50%

1 Claims

Hold Program	Case Manager	DOS	Client ID	Duplicate
09	GW	07/01/2001	463785000	N

Save Submit Cancel

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Status: SUBM Amount: 292.26

Create Date -- User ID: 03/12/2002 - DHSADM49 Adjusted Invoice Amount:

Received Date (MM/DD/CCYY): Total Invoice Amount: 292.26

Approve/Deny Date: FMAP: 51.25

Deny Reason: Reimbursement Rate: 75%

Paid Date: Claim Schedule Pay Date:

Rates: 09 Rate: 760.34

Last Update User ID: DHSADM49 Last Updated: 2002-03-12-15.22.01.094319

1 Claims

Deny Program	Case Manager	DOS	Client ID	Duplicate
09	GW	07/01/2001	463785000	N

Print List

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Done

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Click here to see the list of encounters attached to this invoice

Put LGA letterhead in printer before clicking here



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Summary Invoice

TARGETED CASE MANAGEMENT

Local Governmental Agency: COUNTY 00 **Provider Agreement #:** 00-0104
Period of Service: 07/01/2001-09/30/2001 **Invoice Number:** 0001/02-1A

PUBLIC GUARDIAN	# of Encounters	Encounter Rate	Amount
Total	1	760.34	= \$760.34
Total Federal Share for PUBLIC GUARDIAN			= \$389.67
51.25%			
Reimbursement Rate: 75%			
Total Federal Share For Above Program(s)			= \$292.26

I certify under penalty of perjury that the information provided on this invoice is true correct, based on actual Targeted Case Management encounters for the period claimed, and that the funds/contributions expended, as necessary for Federal Matching funds pursuant to the requirement of 42 CFR 433.51, are for allowable Targeted Case Management activities and that these claimed encounters have not previously been nor shall not subsequently be claimed in this or any other program. I have notice that this information is to be used for filing of a claim with Federal Government for Federal funds and that knowing misrepresentation constitutes violation of the Federal False Claims Act.

Print Name _____ Signature _____
 Title _____ Date _____

For DHS Program use only

Department of Health Services
 714 P Street, Rm 1640

This bill has been checked against our records and found to be the original one presented for payment and has not previously been paid. We have recorded this payment so as to prevent a later duplicate payment.

Done

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Reimbursement Rate

The TCM Coordinator or authorized designee(s) will need to sign and date the invoice

Remember to sign & date with blue ink



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Invoice Search

Invoice Number:

At least the two-digit LGA code before the asterisk (*) is required if wildcard is used for the Invoice Number.
All other search criteria below will be ignored if the Invoice Number is filled out.

Invoice Status:

Fiscal Year:

Submit Reset

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Check the status of any invoice by performing a search

To return all invoices, leave the Invoice Number box empty. Type in the invoice number to return a specific invoice. Use the wildcard, Invoice Status, or Fiscal Year to narrow your search.

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Invoice Search Results

Total Records found: 29

Invoice Number	Status	Amount	Create Date	DHS Review Date	Claim Schedule Pay Date
4901/02-1A	CREA	\$56,825.63	01/30/2002		
4901/02-1B	CREA	\$8,183.16	01/30/2002		
4901/02-1C	SUBM	\$779.35	01/30/2002		
4901/02-1D	CREA	\$350.78	01/31/2002		
4901/02-1E	SUBM	\$21,294.99	01/31/2002		
4901/02-1F	CREA	\$389.67	01/31/2002		
4901/02-1G	CREA	\$350.78	01/31/2002		
4901/02-1H	SUBM	\$526.16	02/14/2002		
4901/02-1I	SUBM	\$292.26	03/12/2002		
4901/02-2A	CREA	\$38,346.44	01/30/2002		
4901/02-2B	ADJU	\$781.63	01/30/2002	01/30/2002	
4901/02-2C	CREA	\$390.81	01/30/2002		
4901/02-2D	CREA	\$351.80	01/30/2002		

Done

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Click on the invoice number to view the detailed invoice




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LGA Report Criteria

State Fiscal Year: 2001/2002
Quarter: All
Program Type:
View Reset

To view a summary progress report, click here

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Encounters		Number
Entered		60
Invoiced		36

Invoices		Number	Amount
Submitted		4	\$3,025.68
Denied		0	\$0.00
Approved		0	\$0.00
Adjusted	100% Reimbursement	1	\$390.81
Adjusted Total:		1	\$390.81
Offset/Supplemented		0	\$0.00

Totals		Number	Amount
Approved	100% Reimbursement	1	\$390.81
Total Approved:		1	\$390.81
Paid		0	\$0.00

Cap Amounts		Amount
Amount		\$199,969.00
Used		\$27,372.24
Remaining		\$172,596.76

Print Report

This is a sample of
what your LGA report
may look like

Print your Report



Click on your browser "Back" button to return to the web page.